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Annual report on the implementation of the UNICEF Gender Action Plan

Summary

The present document, prepared in accordance with Executive Board decision 2014/8, provides an annual update on the implementation of the Gender Action Plan (GAP). It includes updates on financial resources and expenditures, using the GAP results matrix, indicators and performance benchmarks.

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I. Introduction

1. In June 2014, the UNICEF Gender Action Plan (GAP) 2014-2017 was operationalized and shared with the Executive Board for information. The Plan maps an agenda for advancing gender equality and the empowerment of women and girls in alignment with the UNICEF Strategic Plan 2014-2017. The GAP reflects the organization's commitment to gender equality as core to its mandate and central to the focus on equity in UNICEF efforts to advance the rights of children throughout the world. It elaborates the gender dimensions of UNICEF programmatic results across the seven outcome areas of the Strategic Plan through a focus on targeted gender priorities and gender mainstreaming. The Plan also specifies the strengthening of resources, capacity and systems to which UNICEF is committed. Forty-two indicators to monitor programmatic results on gender across all seven outcome areas are embedded within the Strategic Plan Results Framework. Progress on institutional strengthening is tracked through five performance benchmarks, and the accountability for implementing the GAP and achieving the prioritized results lies with UNICEF management, both at headquarters and in regional and country offices.

2. This report provides an overview of the progress UNICEF has made in implementing the institutional and programmatic components of GAP during 2014, especially since its launch with a presentation to the Executive Board in June 2014. In the seven months through December, there has been significant progress in the implementation of the GAP with regard to building capacity, utilizing resources and pursuing programmatic results, particularly those related to targeted priorities.

3. Programmatic work at the field level has advanced on all four targeted gender priorities — ending child marriage, advancing girls' secondary education, promoting gender-responsive adolescent health, and addressing gender-based violence (GBV) in emergencies, with three-fourths of UNICEF-supported country programmes adopting at least one targeted priority as a core part of their country programme. The area of child marriage has progressed rapidly, with 2014 bringing increased international focus, resources and national commitments to addressing the issue in more than 40 countries. Greater attention to adolescent health and to gender issues in education beyond primary school enrolment, and an increasing concern with GBV in the growing number of emergencies has also provided resonance and momentum to programming across multiple countries. Several efforts at mainstreaming gender in the seven outcome areas through the provision of gender-relevant health, education, water, sanitation and hygiene (WASH) and protection-related support and services have also been successful. UNICEF also worked with other partners to provide technical support to develop appropriate indicators and targets related to all four gender priorities currently being considered as part of the Sustainable Development Goals (SDGs).

4. Core gender expertise has been enhanced, gender results and accountabilities have been adopted by a majority of country offices in all regions, expenditures on programming to advance gender equality have risen from 8.2 per cent in 2013 to 9.2 per cent in 2014, and the integration of gender in programme evaluations has improved. Gender issues are now more visible across the organization, in major forums and in interactions with external stakeholders. Continuous support and championship by UNICEF leadership at the global and field level has reinforced motivation and accountability for implementing the GAP. An executive-level GAP

Steering Committee, headed by the Deputy Executive Director, Programmes, is in place to monitor and support implementation.

5. Unfinished work and challenges remain as UNICEF moves forward with the Plan's ambitious agenda. Capacity gaps remain, and they have delayed the implementation of robust and more systematic gender programming. More evidence is needed on what is required to address the targeted priorities at scale. Additional work is also needed to strengthen the gender components of the larger, well-funded UNICEF programmes and to deploy the full range of programmatic options for improved service delivery, increased demand generation and positive legislative and policy shifts that advance gender equality. Coherence and synergies in gender programming within and across sectors will take time to evolve. UNICEF remains committed and ready to build on the successful initiation of the GAP implementation and to address these challenges in the future.

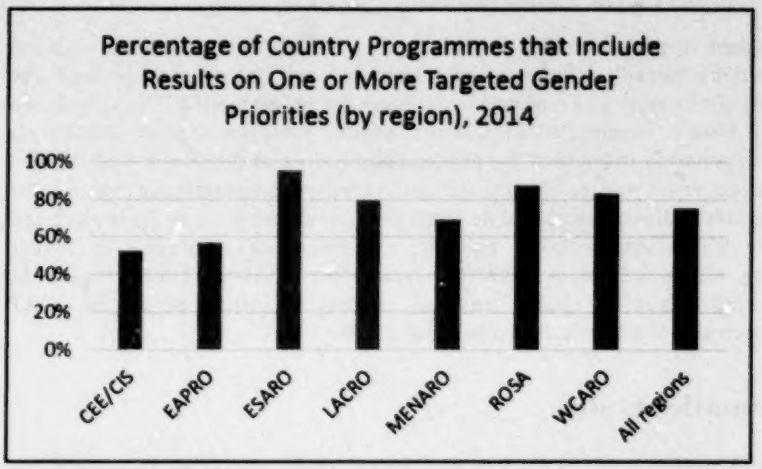
II. Programmatic results

6. The dual approach of the GAP in addressing gender inequality to achieve the Strategic Plan results is based on significant evidence that shows that successful gender programming requires both targeted efforts and gender mainstreaming. The GAP specifies four cross-sectoral targeted priorities: (1) ending child marriage; (2) advancing girls' secondary education; (3) promoting gender-responsive adolescent health; and (4) addressing GBV in emergencies. In addition, gender results are specified within each of the seven outcome areas in the Strategic Plan, reflecting a mainstreaming approach that emphasizes quality over quantity, as well as the prioritized integration of gender in the most relevant programmes in a given country context.

A. Targeted gender priorities

7. In 2014, 75 per cent of UNICEF-supported country programmes included results on one or more targeted priorities of the GAP (figure 1). The proportion is especially high (more than 80 per cent) in Eastern and Southern Africa (ESARO), South Asia (ROSA) and West and Central Africa (WCARO), three regions where the results on these priorities are especially critical. But this number is also close to 80 per cent in Latin America and Caribbean (LACRO). In no region is the proportion less than 50 per cent, suggesting that the targeted gender priorities have resonated as a global priority for UNICEF field offices. The regional and country offices also report that the inclusion of targeted gender priorities in the GAP has made it easier and more compelling for them to specify cross-sectoral results on gender that are relevant to their country contexts.

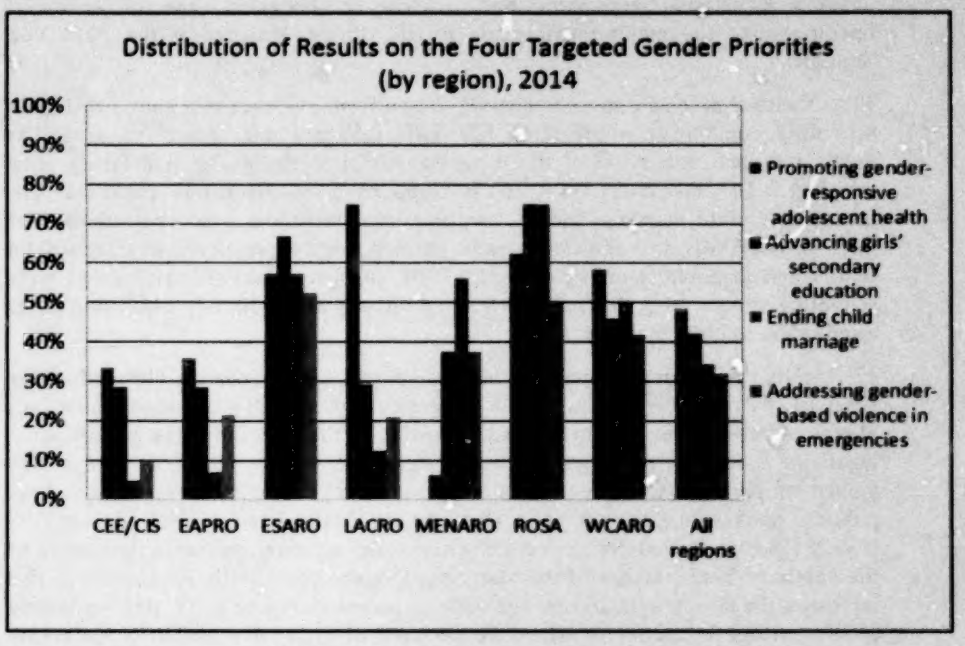
Figure 1



Key: CEE/CIS: Central and Eastern Europe and the Commonwealth of Independent States; EAPRO: East Asia and Pacific Regional Office; ESARO: Eastern and Southern Africa Regional Office; LACRO: Latin America and Caribbean Regional Office; MENARO: Middle East and North Africa Regional Office; ROSA: Regional Office for South Asia; WCARO: West and Central Africa Regional Office.

8. As figure 2 shows, there are clear regional patterns in the targeted priorities selected by country offices in their programmatic results, which are reflective of the local contexts of adolescent girls' lives in these regions. The connection between adolescent health, child marriage and girls' secondary education is evident in the high rates at which ESARO, ROSA and WCARO countries have prioritized these issues. In contrast, in LACRO, adolescent health supersedes all other concerns while in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) and East Asia and the Pacific (EAPRO), adolescent health and girls' secondary education are prioritized. In the Middle East and North Africa (MENARO), on the other hand, child marriage is the dominant priority, with girls' secondary education and GBV in emergencies also important concerns.

Figure 2



1. Child marriage

9. During 2014, there were several breakthroughs in the recognition of the urgency to end child marriage. With close involvement and support from UNICEF, the United Nations Population Fund (UNFPA) and a broad group of girls' rights advocates, Member States adopted substantive resolutions on ending child marriage in the United Nations General Assembly and the Human Rights Council. In July, the Government of the United Kingdom and UNICEF held the Girl Summit, which elicited commitments from 26 Governments. In the report by the Open Working Group on Sustainable Development Goals, child marriage was named as a possible target for a goal on gender equality in the Sustainable Development Agenda.

10. Co-leadership of the Girl Summit, compelling data released by UNICEF on the scope of the practice, along with projected trends and in-country negotiations played a role in the commitments made by the Governments of several high-prevalence countries — including Bangladesh, Ethiopia, India, Nepal and Niger — to undertake more concerted action. These countries are now part of the 12-country Global Programme to Accelerate Action to End Child Marriage, co-led by UNICEF and UNFPA and supported by a commitment of more than $80 million from the Governments of Canada, Italy, the Netherlands and the United Kingdom.

11. In 2014, more than 40 UNICEF programme countries focused on child marriage. Of these, 18 now have national strategies or plans on child marriage, 5 of which have been costed. In **Burkina Faso**, multisectoral consultations involving Government and civil society partners resulted in the implementation of a three-year national strategy and action plan on the abandonment of child marriage (2015-2017). Similarly, UNICEF **Bangladesh** is collaborating with UNFPA and other

development partners to assist the Ministry of Women and Children's Affairs to develop a national progamme and a five-year budgeted plan of action to operationalize the commitment made by the Prime Minister at the 2014 Girl Summit.

12. National plans are most frequently drawn from evidence that shows that girls' schooling, community mobilization, life skills, cash and other incentives, as well as media outreach, are some of the most successful strategies for addressing child marriage. To this end, UNICEF is supporting multisectoral packages that incorporate child marriage-specific interventions, including grass-roots work with girls on life skills and adolescent empowerment, or community conversations for family and community engagement. UNICEF supports interventions such as girls' schooling and social protection benefits that directly and indirectly contribute to the elimination of child marriage.

13. UNICEF is also supporting legislative and policy change. In **Indonesia**, UNICEF partnered with civil society organizations (CSOs) to support advocacy efforts to reform the current marriage legislation that discriminates against girls, legalizing the age of marriage for girls at 16 and for boys at 19. These efforts have gained support among Buddhist, Catholic and Islamic religious leaders, who have publicly spoken out against child marriage. In **Malawi**, successful advocacy by UNICEF, other United Nations organizations and national partners contributed to the February 2015 passage of the Marriage, Divorce and Family Relations bill that increased the minimum marriage age without parental consent to 18, thus outlawing child marriage in a country where 50 per cent of girls are married by their 18th birthday.

14. In **Ethiopia**, community mobilization activities to change parental attitudes and social norms are being built around the highly successful grass-roots-based Women's Development Army, which comprises community-level volunteers who are trained by health extension workers and are charged with focusing more intensively on promoting local behaviour change. In **India**, UNICEF has supported 'hot spot' data analysis in four states to identify districts with the highest rates of child marriage and large numbers of girls at risk of child marriage. In partnership with district officers and CSOs, UNICEF is mapping the strength of existing government-sponsored initiatives in these districts to enhance social, educational, health and economic investments in girls. The strongest initiatives will serve as the entry points for sustainable and well-financed leveraging opportunities, not only for preventing child marriages, but also for accelerating changes in the perceptions towards girls.

15. Globally, UNICEF has been working closely with UNFPA, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the *Girls Not Brides* alliance and a range of partners to advocate for the integration of a target on child marriage in the gender equality goal in the Post-2015 framework. As the lead United Nations agency managing the data on child marriage and monitoring progress, UNICEF led a technical consultation to endorse a single indicator (*percentage of women aged 20-24 who were first married or in union by age 18*) for tracking the child marriage target in the Post-2015 Development Agenda. UNICEF will continue to work with partners to undertake rigorous analyses to provide input on specific global and national targets and the mechanisms to monitor them.

16. UNICEF is reinforcing systems across sectors to address child marriage, including assuring that girls are enrolled and retained in school, teachers are adequately trained, adolescent girls' hygiene is supported, social welfare workers have the knowledge and skills to support prevention and response efforts, and that health systems are mobilized to guarantee that girls and women have access to the sexual and reproductive health information and services they require. UNICEF is also strengthening partnerships in social protection, nutrition, WASH, and HIV and AIDS to improve prevention and response efforts. Additional cross-sectoral linkages are being established as implementation of the GAP moves forward.

2. Advancing girls' secondary education

17. Through the open working group process of the Post-2015 framework, UNICEF has played a strong technical role in developing more ambitious and robust indicators on gender equality and learning at all levels of education: primary, secondary and tertiary. Even as countries are making progress — for example, the percentage of programme countries with gender parity in lower secondary school increased from 38 per cent to 40 per cent between January 2014 and January 2015 — much remains to be done. As the focus on gender equality in education shifts from parity at the primary level to second-generation issues such as completion of secondary education and acquisition of relevant skills and learning, UNICEF efforts at local and global levels are transitioning to more concerted efforts in advancing girls' secondary schooling. In 2014, 30 out of 110 countries reported that enrolment, retention and completion of girls' secondary education was a recognized, targeted and budgeted education priority.

18. Although countries in all regions work on girls' secondary education, countries in ESARO, ROSA and WCARO have implemented a four-pronged approach to girls' education and gender equality. This includes: (a) policy advocacy to influence governments and partners to strengthen and adopt policies to improve girls' participation in education; (b) school-community linkages to build awareness of the social and economic value of girls' education, demand accountability and promote girls' education (c) developing and promoting models to demonstrate interventions and create contexts conducive to girls' education; and (d) advocacy to replicate and mainstream innovations that have demonstrated a positive impact on girls' schooling.

19. Advocacy and policy dialogue on girls' secondary education is common to a number of countries, ranging from India and Nepal to Uganda and the **United Republic of Tanzania**. In the United Republic of Tanzania, for example, advocacy efforts contributed to the inclusion in the national Education and Training Policy of a provision allowing school re-entry for girls after the birth of their child. Through successful advocacy and support by UNICEF, more than half of the countries in ESARO, LACRO and WCARO now have such policies in place. Policy shifts on addressing GBV in and around schools is another important area of work. In 2014, 27 out of 100 countries reported progress with regard to national legal and policy frameworks that specify prevention and response mechanisms to school-based gender violence. For example, in **Uganda**, there have been marked improvements in policies related to safety and security of girls in and around schools. This includes the incorporation of the National Strategy and Action Plan for Violence against Children into the Education Management Information Systems, and the use of Edutrac (a mobile-phone based data collection system) as an innovative means of

allowing girls and boys to report violence in schools. By the end of 2014, 48 per cent of all schools in Uganda were using Edutrac (the reports from which are received by the Government) to report cases of violence.

20. Other innovative approaches to promote girls' education were also launched in 2014, for example, in **India** where, at the request of the Government, UNICEF supported the development of an interactive gender atlas that maps a combination of data points, from the demographics of girls in specific age groups, to the number of teachers trained, to girls' retention and transition rates. It also allows for the overlay of critical non-education data such as rates of child marriage and adolescent pregnancy. The atlas will be key to informing management and budgetary decisions on targeted interventions on girls' education. The prototype of the atlas, currently available for one state, will be replicated throughout India in 2015.

21. Initial efforts to influence the girls' secondary education agenda in school systems in many UNICEF programme countries, including Bangladesh, China, Kenya, Maldives, Myanmar and the Syrian Arab Republic, have used life-skills education as an entry point. In **Myanmar**, for example, 30,000 teachers have been trained to implement a secondary life-skills curriculum. In the **Syrian Arab Republic**, UNICEF supported 67 local non-governmental organizations (NGOs) and 2,000 male and female youth volunteers in 13 governorates, and provided more than 84,000 internally displaced and/or out-of-school adolescents with alternative learning opportunities, such as life skills basic education for 10-19-year-olds and vocational training for 15-18-year-olds.

22. UNICEF is also strengthening the evidence base on second-generation girls' education issues, such as menstrual hygiene management (MHM) and school-related GBV. An analysis conducted by UNICEF **Zambia** revealed the lack of toilets for girls as a cause for dropout and the uneven distribution of teachers among schools, highlighting the important cross-sectoral linkages between girls' schooling and WASH. UNICEF is using these findings to inform the Government's development of a gender strategy with a focus on girls' education. Through the United Nations Girls' Education Initiative (UNGEI) partnership, which is hosted and funded by UNICEF, an initiative to document Good Practice in Girls' Education and Gender Equality was launched in 2013. UNGEI has negotiated a new partnership on school-related GBV with Education International, the global federation of teachers union. UNGEI has also partnered with the Global Partnership for Education (GPE) to develop a gender analysis tool designed to strengthen country-level capacity for gender-responsive sector planning.

3. Promoting gender-responsive adolescent health

23. UNICEF works on gender and adolescent health issues ranging from adolescent pregnancy and anaemia, prevention of HIV and AIDS, human papillomavirus (HPV) vaccination, puberty and MHM, to female genital mutilation/cutting (FGM/C). Adolescent pregnancy remains a significant problem, with little progress made in the last decade. In sub-Saharan Africa, a staggering 27 per cent of girls give birth by age 18; in South Asia, the rate is 22 per cent. [1]

[1] The rate in sub-Saharan Africa is based on 2009-2013 data; the rate in South Asia is based on 2009-2013 data (except for India, which is based on 2005-2006 data).

24. The GAP provides an appropriate framework for addressing cross-sectoral adolescent health issues, allowing for a more integrated response to what are often interrelated life experiences in adolescent lives. In 2014, UNICEF formulated a cohesive adolescent health strategy that builds on existing strengths and opportunities for reaching adolescent girls through the health sector, as well as through other sectors such as education and nutrition, and expands on emerging needs and opportunities in different country contexts. Together with partners, including UNFPA, UNICEF also played an important role in the integration of adolescents in the development of the World Bank's new Global Financing Facility for reproductive, maternal, newborn, child and adolescent health, which explicitly includes adolescent health within the traditional reproductive, maternal and child health (RMNCH) framework.

25. The role of UNICEF as a partner in Gavi, the Vaccine Alliance, and its participation in the HPV vaccination initiative provides an additional avenue for advancing the health of very young adolescent girls. Most Gavi-supported countries are currently in the demonstration phase as a precursor to scale-up of their programmes. In **South Africa**, for example, in 2014 the Integrated School Health Programme administered two doses of HPV vaccine to 300,000 girls in grade 4. UNICEF is using the demonstration phase to engage with ministries of health and education on integrating additional age-appropriate and relevant health services and information for girls, along with vaccine delivery. In Benin, Côte d'Ivoire, the Gambia, Ghana, Malawi, Senegal, Sierra Leone and Zimbabwe, UNICEF has been using the Adolescent Health Intervention Assessment Toolkit to support national identification and prioritization of such services and information. The Ministry of Health in **Malawi**, for example, developed and disseminated information, education and communication materials on broader adolescent health and development issues during social mobilization efforts for the HPV vaccination. The assessment in **Ghana** identified seven promising options to integrate, including nationwide initiatives such as the School Feeding Programme and ReproTalk, a mobile-phone-based intervention to educate adolescents on reproductive health using SMS.

26. AIDS is the second leading cause of death among adolescents globally, and the leading cause of adolescent deaths in Africa. Between 2001 and 2013, AIDS related deaths decreased rapidly among all age groups — about 62 per cent among children 0-4 years and 35 per cent among young people 20-24 years — except for adolescents aged 10-19, where no decrease has been shown. Of the 250,000 new HIV infections among adolescents in 2013, two thirds were among girls 15-19 years old. As part of the effort to reduce AIDS-related mortality and to prevent new HIV infections among adolescents, UNICEF partnered with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), UNFPA and key other stakeholders, including youth leaders, to develop "All In", a social movement and platform for action to end the AIDS epidemic among adolescents. Bringing together global commitment to focus on 25 key countries representing all regions, in 2014 of target of a 65 per cent reduction in AIDS-related deaths, a reduction of at least 75 per cent in new HIV infections among adolescents, and zero discrimination by 2020 was set. A framework for action was developed to focus on four areas: engaging adolescent girls and boys as leaders and agents of social change; sharpening national programmes and results through improved data collection, analysis and utilization; fostering innovation in approaches to reach adolescents with life-saving prevention and care; and advocating at global, regional

and country level to generate political will and mobilize resources. UNICEF developed a set of adolescent data assessment tools that are being rolled out with countries following the formal launch of "All In" in early 2015. Following a joint request from UNICEF, UNAIDS and WHO to all countries in 2013 to work towards reporting age- and sex-disaggregated HIV data among adolescents, countries have been provided with support to do so. In 2014, for the first time ever, 6 out of the 38 high-burden countries were able to report age-disaggregated data for the first six months of the year.

27. The Girl Summit in July 2014 led to 20 Governments signing commitments to take concrete action to end FGM/C in their countries. In 2014, 21 programme countries reported interventions around FGM/C, with 17 countries providing specific programming as part of the UNFPA/UNICEF Joint Programme on Female Genital Mutilation/Cutting, which now has commitments totalling $54 million. Through the programme's support in 2014, more than 7 million people participated regularly in educational dialogues and some 1,000 communities across 9 countries publicly declared their abandonment of FGM/C. Youth campaigns in Gambia, Kenya, Senegal and Somalia mobilized more than 20,000 youth, who called for an end to the practice.

28. UNICEF is also supporting countries on health programming for adolescent girls through its work on MHM and puberty education. In 2014, 22 countries reported implementing MHM in WASH in Schools (WinS) programmes. UNICEF helped to expand MHM initiatives within and beyond the education system. In **Ghana** and **South Sudan**, this meant the training of teachers and community members, while in the **Plurinational State of Bolivia** and **Rwanda**, this meant the incorporation of MHM requirements in school construction standards. In **Cambodia** and **Uganda**, UNICEF supported the development and distribution of booklets on puberty, while in **India** and **Sri Lanka**, support was provided for participatory education and empowerment campaigns. In **India**, for example, the UNICEF pilot initiative on menstrual hygiene for adolescent girl empowerment, "Girls Today, Women Tomorrow", reached 100,000 girls in seven districts in Bihar, Jharkhand and Uttar Pradesh states.

29. In 2014, UNICEF also launched the WinS for Girls programme to strengthen evidence-based advocacy and action on MHM and puberty education. The programme is active in 14 countries: Afghanistan, the Plurinational State of Bolivia, Burkina Faso, Eritrea, Ghana, Kyrgyzstan, India, Indonesia, Mongolia, Nepal, Niger, Nigeria, Pakistan and Zambia. It builds national capacity to generate evidence and advocate for girls' MHM and puberty needs and incorporate gender-sensitive guidance on MHM into existing national programmes. The two-year programme is working to reach girls and community members in almost 180 communities.

30. Highlighting the cross-sectoral linkages among the nutrition, education and health sectors in addressing anaemia among adolescent girls, UNICEF **Afghanistan** supported a survey to identify and address widespread anaemia among adolescent girls, both in and out of schools. Similarly, UNICEF supported the Adolescent Girls' Anaemia Control Programme in **India** by including improved knowledge of iron deficiency and the need for food fortification in the guidance on scaling up public health nutrition interventions.

31. In 2014, UNICEF was active in addressing the heightened risk of bullying, violence and stigmatization faced by many adolescents who are transgender, gay, lesbian or bisexual, or who do not conform to idealized gender norms. At least 10 UNICEF country offices undertook advocacy, research, service provision and consultations to advance the rights of adolescents facing discrimination due to their gender identity. For example, UNICEF **Jamaica** supported the NGO Children First to reach 16- to 24-year-old adolescents and young men aged who have sex with men, including those who have been rejected by their families, with HIV prevention, life skills and emotional support services.

4. Addressing gender-based violence in emergencies

32. Gender-based violence was an important concern in 2014, given the large number of humanitarian situations. UNICEF provided GBV-related support to more than 430,000 children, primarily girls and women. These services included health, psychosocial and livelihood support, economic strengthening and access to justice. In addition, more than 420,000 adults and children were reached with information about GBV prevention and response, and more than 53,500 girls and women received dignity kits, including items such as flashlights, clothing and other materials to increase safe mobility and to better manage their menstrual hygiene needs. More than 8,500 service providers were trained on GBV response services. For example, in **Jordan**, 2,520 frontline social workers, health care providers and police and military personnel — half male and half female — were trained on GBV prevention and response.

33. UNICEF **Myanmar** initiated an innovative multisectoral programme in conflict-affected Kachin state, which integrates GBV interventions and child protection services with key nutrition assistance and life-skills education. The programme's centres offer a safe space, particularly for survivors of violence, and promote an environment in which women and girls can feel supported in seeking confidential services.

34. UNICEF played a key leadership role in the June 2014 Global Summit to End Sexual Violence in Conflict, co-chaired by the Foreign and Commonwealth Office of the Government of the United Kingdom, as well as the multi-stakeholder Call to Action to End Violence against Women and Girls in Emergencies, which is currently led by the Government of the United States. UNICEF was also instrumental in finalizing the revision of the Inter-Agency Standing Committee's *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (on behalf of the GBV area of responsibility), which will be launched in 2015. The Guidelines set forth standards on GBV risk mitigation across all aspects of humanitarian response. Collectively, UNICEF leadership role in these global policy and advocacy initiatives and global standards development has contributed to humanitarian system strengthening for more consistent and effective prevention, mitigation and response to GBV in emergencies.

B. Interlinkages and scale

35. The focus of the GAP across four targeted priorities presents opportunities for interlinkages that have been readily recognized by staff and partners but have yet to be fully operationalized. Sectoral experts in UNICEF increasingly appreciate that

the solutions to the results they are trying to achieve lie with another sector, which requires them to tap into or contribute to the expertise beyond their own sector. The specification of the gender priorities has also accelerated fundraising and programming on the targeted initiatives at UNICEF. In 2014, more than $75 million was mobilized at the global and regional level, with a primary focus on advancing adolescent girls' rights and well-being around the four targeted priorities, with additional resources mobilized at country level. The increased resources present an opportunity to programme at scale, while also contributing to expanding the existing evidence on targeted initiatives.

36. UNICEF will have to seek out innovative means of addressing the multidimensional and gendered aspects of adolescent life, needs and opportunities at scale. Better models and evidence on interlinkages and scale will be especially valuable given the increased recognition of the importance of investing — especially in girls — in the second decade of life.

C. Progress on gender mainstreaming

37. During 2014, there was demonstrable progress in mainstreaming gender in sectoral programming with a focus on maximizing opportunities within and across sectors to not only meet the specific needs of girls and women, but also to help reshape gender relations in terms of opportunities, burdens, responsibilities and expectations for men and women.

38. Eighty per cent of UNICEF-supported country programmes of cooperation included one or more gender mainstreaming results across the seven result areas (figure 3). While ESARO and ROSA led the way, with close to 90 per cent of country programmes specifying one or more gender mainstreaming results, the rate was not lower than 70 per cent in any region.

Figure 3

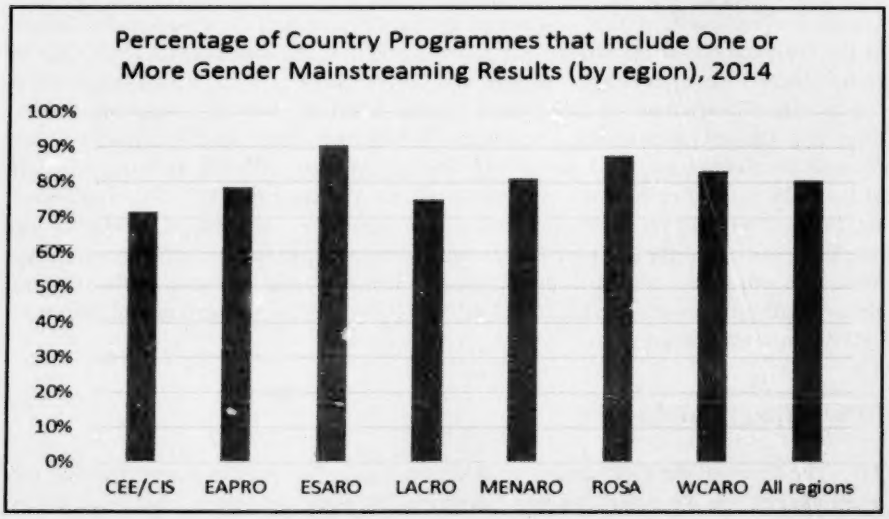
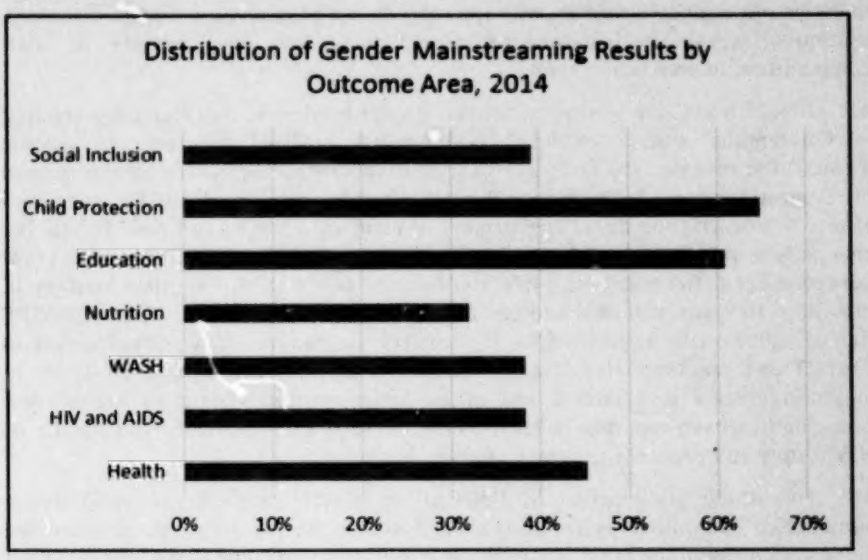


Figure 4



1. Health, HIV and AIDS and Nutrition

39. Maternal health is an important dimension of gender equality, affirming women's right to bear children when they want, safely, with dignity and without endangering their lives. It is also one of the Millennium Development Goals (MDGs) on which progress has been insufficient. The global rate of women delivering with skilled attendance rose by only 12 percentage points since 1990 — from 57 in 1990 to 69 per cent in 2013 — still leaving almost one third of women delivering their babies without skilled attendance.

40. An important area of progress has been the proportion of pregnant women living with HIV who receive antiretroviral medicines for the prevention of mother-to-child transmission (PMTCT) of HIV. The percentage more than doubled from 33 per cent to 68 per cent between 2009 and 2013 in the 22 priority countries that account for 90 per cent of new HIV infections among children. In 2012, UNICEF led advocacy efforts to offer treatment to all pregnant and lactating women living with HIV, putting the health of mothers first in efforts to eliminate mother-to-child transmission. By the end of 2014, all 22 priority countries had shifted their policies to this approach, and 100,000 more pregnant women living with HIV received antiretroviral treatment in 2013 as compared to 2012.

41. As part of the Catalytic Initiative/Integrated Health Systems Strengthening programme in Ethiopia, Ghana, Malawi, Mali, Mozambique and Niger, 50,000 community health workers were trained in integrated community case management (iCCM), 75 per cent of whom were female. In **Ethiopia**, since the inception of the iCCM programme, more than 30,000 female health extension workers have been recruited, trained and deployed to approximately 14,000 health posts throughout the country. The Ministry of Health in Ethiopia is currently reviewing options for career advancement among the female health extension workers. These changes will address the issue of gender equality in the health sector, where the majority of

health workers above the community level are male. The presence of health workers in communities allows women, who typically do not have enough time or resources, transportation, or decision-making power to access care outside of their communities, to seek health care.

42. UNICEF has also worked to address gender barriers in nutrition programming in **Guatemala**, where bottleneck and barriers analysis for reducing chronic malnutrition revealed the complete lack of decision-making power among women on domestic issues, including on household food security. UNICEF supported efforts to intensify the direct engagement of men, encouraging not only female but also male responsibility for the well-being of children, and supporting men as vocal advocates for better nutrition. Male involvement was also an important strategy in providing HIV and maternal and child health services in **Malawi**, where UNICEF trained 4,000 male motivators in 13 districts to promote men's involvement in PMTCT and paediatric HIV. Traditional leaders are now playing a critical role in promoting men's involvement and in protecting women's right to health care. Communities have reported increased rates of early antenatal care and uptake of HIV testing and counselling among couples as a result.

43. The strong participation of UNICEF in global maternal and child health partnerships and initiatives has been another avenue for promoting progress toward the goals set out in the GAP. For example, UNICEF is engaged in the update of the *Every Woman Every Child* global strategy for the health of women and children, and in the broader United Nations process to define the SDGs, the Partnership for Maternal, Newborn and Child Health, the RMNCH Steering Committee and the affiliated Allocation Committee of the RMNCH Trust Fund. In all of these mechanisms, UNICEF advocates for women's right to health. As a member of the Board of Gavi, the Vaccine Alliance, UNICEF also supported the revision and approval of the Gavi gender policy and the more substantial integration of gender in its new strategic plan.

2. Water, sanitation and hygiene

44. As a result of UNICEF direct support in 2014, more than 10,500 schools and some 1,200 health centres had new or upgraded WASH facilities. UNICEF and its partners commissioned gender assessments in the WASH sector in Kiribati, Rwanda and Sudan. UNICEF encouraged the active participation of women — especially in leadership roles — in the management of community WASH committees. In **Ghana**, for example, district- and community-level training on gender-responsive approaches to WASH expanded local capacity. In **Ethiopia**, the UNICEF WASH and nutrition sections commenced implementation of the 2014-2017 Gender Analysis and Action Plan with the establishment of a joint working group led by the Ministries of Health and Education and tasked with the development of a national guideline on MHM.

45. In 2014, UNICEF supported more than 1.7 million women and girls affected by humanitarian crises with MHM materials. In **South Sudan**, hygiene kits were provided to 500,000 conflict-affected women and girls. In **Iraq**, which was among the largest emergency WASH programmes, UNICEF supported efforts to establish latrines, showers and bathing units that ensured privacy and dignity for women and girls. Additionally, gender was mainstreamed in all hygiene promotion activities, taking into account how women and men use water and sanitation facilities. To

ensure private and hygienic facilities in IDP shelters and schools in the **Syrian Arab Republic**, UNICEF established and guided the implementation of gender-based standards in the construction of WASH facilities. In IDP shelters, emphasis was placed on providing adequate water storage capacity to reduce women's time burden in obtaining water. To adequately reflect the gendered nature of hygiene promotion messages, efforts were made to include a large number of women as health promoters, resulting in 42 per cent of trained promoters being women.

3. Education

46. In addition to a targeted focus on girls' secondary schooling, UNICEF continues to emphasize promoting gender equality and not only parity in pre-primary and primary education, in development, conflict and peacebuilding settings. Through the Peace Building, Education and Advocacy (PBEA) programme, UNICEF supports Governments, partners and direct and indirect beneficiaries across 14 countries to strengthen social cohesion, human security and resilience. In the Karamoja region of **Uganda**, a PBEA pilot programme that was structured for a rigorous impact evaluation and likely scale-up with the Government, trained primary schoolteachers so they could promote positive gender ideals for boys and girls. The programme also uses the new UNICEF mobile SMS platform, Gendertrac, as an interactive tool to reinforce learning outcomes on gender socialization.

47. Gender socialization and evidence strengthening have also been part of the organization's work in the **Democratic Republic of the Congo**. UNICEF has supported the Government and local communities in the revision of primary school manuals to make them more gender sensitive and in the development of gender-sensitive data-collection tools. UNICEF has helped the Government and CSOs to increase and strengthen their capacity to conduct gender-sensitive analyses.

48. In several countries, UNICEF has supported efforts to reach out-of-school girls. For example, in the **Syrian Arab Republic**, where girls comprise the majority of out-of-school children, nearly 150,000 girls were supported through 500 school clubs, with the objective of bringing them back in to the school system. School clubs typically operate in settings that parents can consider safe for girls, such as school compounds or centres in shelters for IDPs.

49. UNICEF also continues to play a strong leadership role in the GPE, supporting the delivery of resources, providing policy guidance and on-the-ground support in 39 out of the GPE 60 partner countries where educational systems need strengthening and girls are often disadvantaged in gaining an education.

4. Child protection

50. In addition to the targeted gender priorities of ending child marriage and preventing GBV in emergencies, as a key institutional focus UNICEF addressed the prevention of GBV among children more broadly. UNICEF also addressed gender barriers to children securing their rights, for example in birth registration (see paragraph 53).

51. Several country offices supported efforts to strengthen legislation and policies to prevent GBV. In the **Lao People's Democratic Republic**, UNICEF successfully advocated for a planned domestic violence law to be broadened to cover all forms of violence against women and children in all settings. Similarly, in **Sierra Leone**,

UNICEF supported the Ministry of Social Welfare, Gender and Children's Affairs to expand the National Referral Protocol on Gender Based Violence to include everyone: boys, girls, men and women, resulting in the subsequent implementation of the Protocol.

52. While gender parity in birth registration is noted in most countries with available data, national experiences suggest that gendered roles and expectations can inhibit the registration of both girls and boys at birth. These range from requiring fathers to be present at registration to not allowing unmarried mothers to register their children. In 2014, UNICEF began mapping the legal frameworks around birth registration in South Africa, Swaziland and Zimbabwe in order to document and address such barriers so as to accelerate birth registration for all children. UNICEF plans to build on these efforts and carry out such mapping in an additional 35 countries in South Asia and sub-Saharan Africa.

5. Social inclusion

53. Mainstreaming gender in social inclusion is crucial because protection systems are often aimed at households in the aggregate, thus making them gender-blind. Women-headed households all over the world disproportionately experience greater multidimensional poverty as compared to households headed by men. Where social benefits and protections are geared towards female-headed households, they allow women to meet their urgent obligations and also contribute to their longer-term economic opportunities.

54. In **Albania**, for example, UNICEF supported efforts to strengthen the enabling environment through an analysis of the impact of early childhood care services on women's ability to gain and maintain paid employment. UNICEF also worked with the World Bank, the International Labour Organization and UN-Women to generate knowledge on the linkages between women's economic empowerment and child care in low-income countries so as to propose policy options that can lead to improvements in both areas.

D. Integrating gender for transformative impact

55. It is encouraging that, as of 2014, UNICEF country offices are moving towards a more explicit recognition and articulation of their work on gender equality, and are more frequently identifying and acting upon important entry points within their existing areas of work to either integrate or address a gender dimension. The work moving forward will require more deliberate assessments of the most strategic entry points where the gender impact is both transformative and at scale.

56. It will be especially important to undertake such assessments in existing areas of work, so as to maximize the opportunities for systemic impact. For example, maternal and child health, nutrition, WASH, child protection and emergencies all present important areas of strength where the integration of one or two critical gender elements can lead to substantive and transformative results for women and girls. It will also be important, however, to explore the neglected or emerging areas where UNICEF is well-positioned to influence systems that have large infrastructure and resources. Issues such as sex differentials in childhood health care and mortality rates, for example, or women's roles in health and education systems, or in the

design, implementation and maintenance of water and sanitation systems, will need to be explored as both challenges and opportunities.

57. Based on the positive achievements and lessons learned thus far, UNICEF will continue to produce and draw upon successful approaches that showcase a systematic shift towards stronger, scaled-up programming on gender across the organization.

III. Institutional strengthening

58. The scope of the programme of work specified in the GAP is practical but ambitious, and UNICEF is investing in the required staffing, capacity and systems support for its full implementation. UNICEF is also adapting its institutional framework to align with the UN System-wide Action Plan (SWAP) for Gender Equality and the Empowerment of Women, endorsed by the United Nations Chief Executives Board for Coordination in 2012 as a measure to increase accountability and oversight for confirming gender equality results across the United Nations system. The GAP specifies five benchmarks against which improvements in institutional capacity and systems to support gender equality results are being tracked: (1) Effective knowledge sharing and communications for promoting gender equality; (2) Gender staffing and capacity across the organization; (3) Gender performance of country programme management plans; (4) Gender performance on evaluations of UNICEF programmes; and (5) Programme expenditures on gender results.

A. Effective knowledge sharing and communications

59. UNICEF has communicated about the GAP and its key elements both internally and externally, beginning with a communication, in June 2014, from the Executive Director to all UNICEF staff. In August 2014, the Deputy Executive Director, Programmes, elaborated on the importance of the GAP in a "Five Questions" interview with the UNICEF Intranet site. In addition, the senior leadership also focused on the relevance of the GAP for the work of the organization during a question and answer session at an all-staff meeting held in August 2014. The importance of the GAP for field-based results has been communicated at regional and country management team meetings, sectoral network meetings and senior staff strategy and planning meetings. The gender team at headquarters has also held webinars with senior management, planning officers, gender focal points and sectoral specialists in the field to emphasize the importance of GAP-specified priorities for achieving field-level results. A one page infographic that captures UNICEF accountabilities and priorities in the GAP has been shared across the organization, and comprehensive talking points and presentations have been disseminated to senior staff in country offices. The GAP has also been shared with external partners, including National Committees for UNICEF, United Nations sister agencies and the Inter-Agency Network on Women and Gender Equality.

60. Girls and gender equality were more prominent not only in internal forums, but also in UNICEF communications and advocacy efforts at global forums with external partners and other key stakeholders. The UNICEF Global Communication and Public Advocacy Strategy 2014-2017 highlights gender as a central and cross-

cutting area. Across the global homepage <www.unicef.org>, in social media and at key events such as the Commission on the Status of Women and the International Day of the Girl Child, UNICEF offices are sharing highlights of their gender-focused initiatives and results.

61. The innovative campaign #investingirls, in conjunction with the side event titled "Investing in Girls' Empowerment for MDG Acceleration" held at the World Economic Forum in Davos, Switzerland in January 2014, helped UNICEF to raise the profile of girls as a development priority while presenting the investment case for their empowerment. Millions of people in 140 countries joined this social media-driven campaign, including major gender champions; as a result, #investingirls was ranked first among development topics at the Forum. In 2014, UNICEF, UNFPA and partners also launched a major campaign, in partnership with the African Union, to raise awareness, mobilize a social movement across the continent to end child marriage and strengthen African families.

62. UNICEF leadership and staff are maximizing opportunities for incorporating and championing GAP programming priorities in discussions with partners and in programming, advocacy and resource mobilization forums. One of the most visible gender-related events of 2014 was the Girl Summit, hosted by the Government of the United Kingdom and UNICEF. Some communication highlights include a press release, an op-ed, several features in leading newspapers and social media engagement on Facebook, which reached more than 9 million users, and on Twitter, which had more than 414 million impressions.

B. Gender staffing and capacity

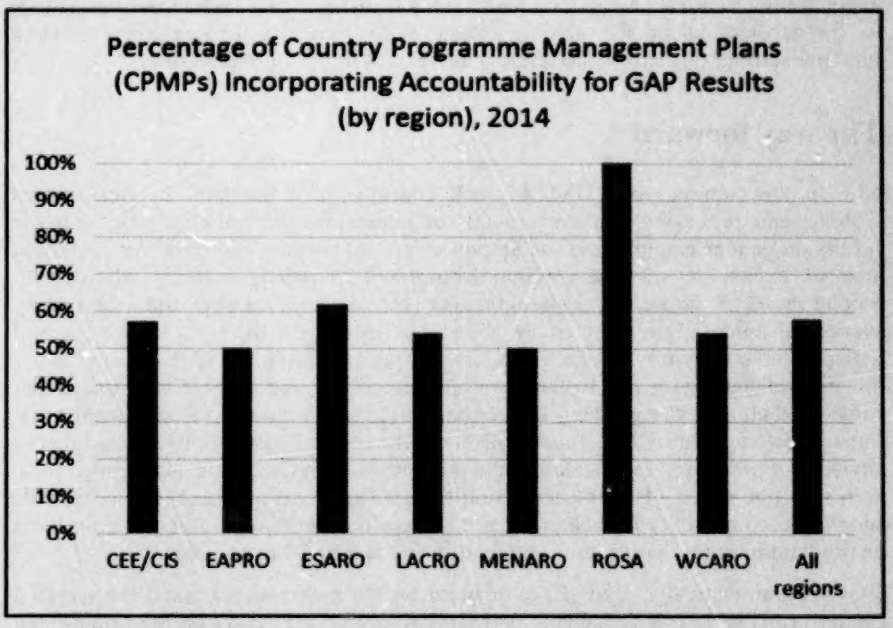
63. The GAP specifies a strengthened gender architecture as essential for effectively carrying out the programming priorities on gender equality and empowerment of women and girls. In 2014, the primary focus was on laying a strong foundation of senior-level expertise on gender. To this end, the recruitment of seven regional gender advisers, one in each UNICEF regional office and one additional senior-level gender specialist at headquarters, is nearly complete. The recruitment of an additional senior gender specialist at headquarters as well as two coordinators, one for each of the targeted gender priorities of child marriage and girls' secondary education, is underway. Moreover, even within the short seven months since operationalization of the GAP, there has been progress on enhancing gender expertise in UNICEF country offices, with gender specialists in place in eight country offices and with plans to hire in nine additional country offices.

64. Steady progress continues to be made in efforts to achieve gender parity in senior-level posts. In 2014, 45 per cent of all P-5 or higher positions were held by women, as compared to 42 per cent in 2012 and 44 per cent in 2013. Other measures implemented have included gender-balanced selection panels and shortlists of candidates, particularly in the senior staff category. Furthermore, a pilot initiative is underway to develop talent among women and nationals of programme countries. This is in line with the organization's commitment to develop a pipeline of talent that is readily available for leadership opportunities and to facilitate systematic succession planning.

C. Gender performance of country programme management plans

65. Since the adoption of the GAP, all seven UNICEF regions have adjusted their regional office management plans to incorporate or further articulate gender results. There has also been significant progress at the country level, with 58 per cent of country programme management plans (CPMPs) already outlining specific country office accountabilities with respect to gender results and the implementation of the Plan (figure 5). Many of these country offices are developing concrete action plans that can be incorporated in their annual workplans to implement and monitor the results they have achieved. There is regional variation, with ROSA (which comprises eight country offices) reporting 100 per cent of CPMPs incorporating accountability for GAP results, followed by ESARO at 62 per cent (13 out of 21 countries) of CPMPs specifying accountability for results. All regions have achieved at least 50 per cent, which indicates a promising start. Continued progression is expected in the coming months.

Figure 5



D. Gender performance on evaluations of UNICEF programmes

66. The incorporation of gender equality as a core element of programme evaluations at UNICEF has been an ongoing concern; previous analyses have shown that a majority of UNICEF evaluations were either not addressing gender, or were doing so in a less than satisfactory manner. UNICEF has begun to address this gap. The proportion of evaluations rated 'outstanding' and 'highly satisfactory' in incorporating gender rose from 47 per cent in 2012 to 55 per cent in 2013, according to the UNICEF Global Evaluation Reports Oversight System rating. The greatest areas of improvement were data collection and methodological robustness,

both of which provided a stronger basis for assessing results. While this is a positive step, more needs to be done to strengthen the overall integration of gender in programme evaluations. To this end, in 2015, the gender section and the Evaluation Office are refining the guidance on programme evaluations for further alignment with the GAP.

E. Programme expenditures on gender results

67. In line with the UN-SWAP for gender, UNICEF set a financial benchmark that stipulated that, by the end of 2017, 15 per cent of programme expenditures would be spent on advancing gender equality and the empowerment of girls and women. The baseline of 8.2 per cent in 2013 was based on a combined analysis of the Gender Equality Marker (which tags each output as contributing to gender equality principally, significantly, marginally, or not at all) and the gender-relevance of the specific activities undertaken to achieve all outputs. The expenditures covered development and humanitarian programming, and both regular resources and other resources. The same analysis for 2014 shows that in the past year, programme expenditures to advance gender equality rose to 9.2 per cent. While the pace needs to be accelerated in the coming years, with only six full months of GAP implementation, this shift is certainly a movement in the right direction.

IV. The way forward

68. In the coming year, UNICEF will continue to strengthen the institutional systems and processes that are crucial for achieving and tracking programmatic results on gender equality and the empowerment of women and girls. An important area of expansion will be communication and knowledge-sharing mechanisms around the GAP, in particular strengthening learning opportunities and highlighting successful models implemented by country offices. Establishing a strong internal network and community of practice on gender programming is a high priority, as are the interlinkages with the wider development efforts and partnerships on gender equality, including the growing momentum around investments in adolescent girls. Capacity strengthening on gender will be continued in 2015. With regional gender advisers in place, targeted training and support to technical staff and gender focal points will be especially important. Similarly, with increasing numbers of countries adopting accountability for achieving gender results, continued evolution in guidance on programming for these results and monitoring and tracking progress is key.

69. Programmatically, UNICEF will build on the momentum around the targeted gender priorities, exploring viable pathways to accelerate action on the ground and identifying intervention options that more directly reach large numbers of girls. It will also investigate and assess how the strongest and largest UNICEF programme areas can help to deliver transformative change for girls and women, men and boys.

70. The year 2015 is critical for the agenda for women and girls, not least because of the milestone events that are on the calendar: the deadline for the achievement of the MDGs, adoption of the SDGs, the 20-year review and appraisal of the Beijing Declaration and Platform for Action, and the 15-year review of Security Council resolution 1325 (2000). Building on these positive trends with respect to gender equality, UNICEF will continue to implement the ambitious agenda it has set out in the Gender Action Plan 2014-2017.